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ORIGINAL AND SELECTED ARTICLES.

CONVERSATIONS UPON THE PHYSICAL AND MENTAL HYGIENE OF GIRLHOOD.

BY T. S. POWELL, M. D.,

Professor of Obstetrics and Diseases of Women, and Lecturer on Medical Ethics in the Southern Medical College.

CONVERSATION VI.

Doctor—"Good morning, madam; how time flies; I believe it has been nearly two weeks since my last visit."

Mother—"Yes, and I have been expecting you for several days, Doctor, and now that you have come, I am glad to see you."

Doctor—"Thank you madam, though doctors are told that every day, yet it makes them feel as a lady does when she hears she is handsome, peculiarly pleasant. How is Miss Mary? I presume you have heard from her since I saw you?"

Mother—"Yes, I have received one or two notes from her since then, and she reports a continual improvement in health. She requested me to tell you that she is following your instructions, walks several miles every day, romps and plays, and with good, well-cooked food, pure spring water, and plenty of sound sleep at night, she is gaining flesh, and really growing fat, compared to her weight when I stopped her from school."

Doctor—"I know how happy such news makes you feel, my dear madam, and I rejoice with you in your daughter's improvement. It will probably be several months before her catamenia is well established and regular, but I feel assured that in six or eight months she will be restored to perfect health."

Mother—"I indeed hope so; but, doctor, I still cannot think of the distressing and dangerous condition she was in without reproaching myself for my shameful ignorance as a mother, and feeling indignant with the errors in our public schools that so damaged my daughter's health."

Doctor—"While that may be true, madam, our public schools do a great deal of good, and it is our duty to work with their friends to correct all these errors; and as I said at my last visit, I am sure that this reform will yet take place. The good time is coming when the science of disease and preservation of health will be so well understood by teachers and parents, the people will know how to prolong life to extreme old age, and then die in possession of all their faculties, and without pain, as if really falling to sleep. This I believe is the design of the Creator, and as there is no such thing as science without interpretation by the light of Christianity, the people should all be taught that the culture and preservation of a sound mind in a sound body is not only a family, a social and public duty, but it is one of moral and religious obligation. No sensible person can think for a moment, and then deny that the cleaner and purer the body and mind are kept here in life, the better fitted we will be to inhabit that world where there is no disease or death."

Mother—"Yes, I should think so, and if we only knew how to keep a sound mind in a sound body, I do not think we ought to look upon it as so much of an obligation as a great privilege, and be very grateful for the knowledge, since it will add so much to our success, usefulness and happiness even in this life."

Doctor—"Very true, madam; but it is the proper education that will enable the people to look upon these things as high privileges as well as obligations. Men should learn the laws of vitality as well as those which govern mechanical, chemical, or financial forces. The first is indeed the more important, and when they acquire the knowledge they will then understand how to rest both body and mind, how to nourish and keep them in a state of health, vigor and perfection."

Mother—"Yes, doctor, if we all knew and practiced these things, what an improved people we soon would be."

Doctor—This knowledge can be acquired only by being taught the chemical and hygienic laws that will enable the people to know which are the best elements of nutrition in food, and what are the most im-

portant factors for promoting growth, physical power, and perfect health according to the various ages and conditions of the individuals."

Mother—"And while this is all so important, I do not suppose one mother, or her cook, out of a hundred know anything about what is nutritious food, and what is not."

Doctor—"No, madam, I suppose not, and yet you see the imperative necessity for such knowledge. For instance, milk is the best food for children up to two or three years of age, because it furnishes the best proportioned combination of nitrogenous and carbonaceous elements which are necessary to develop nerve and muscular power, and produce firm, sound flesh rather than an excess of fat, which is not a healthy condition for a child under three or four years."

Mother—"Why, doctor, I thought the fattest babies were the healthiest."

Doctor—"No, madam, that is another popular error. The weight of the child is not so important as the quality of its flesh. If, as I have said, this is firm and good in due proportion to the child's age, and its nerve and muscular force is well devoloped, it will not be so liable to the many diseases incident to infancy, and they will not be so apt to prove fatal. Chemistry teaches us that pure, healthy milk is the best food for young children; so good corn meal, unbolted wheat meal and butter contain the same important elements to preserve the health and vigor of adults. This diet contains about four times as much carbon and a little more than four times as much nitrogen as is contained in good beef."

Mother—"And for that reason I suppose growing children could really thrive upon this diet without any meat."

Doctor—"Yes, madam, they certainly could, though after a child is three or four years of age, if it is in good health, there is no objection to its eating a little tender, healthy beef, mutton, or game, at the proper time, and properly cooked. A knowledge of all these things, as I have just intimated, will yet be taught in our public schools, and the masses of the people will know how to promote their health, happiness and longevity."

Mother—"I hope that time will really come, and very soon."

Doctor—"It will be done just as soon as these reforms meet with the intelligent co-operation of the people, but we cannot expect it from them until they are educated so as to see and appreciate the great need of such a movement. When the people begin to know that it is more important to understand the laws that govern the growth and vigor of their children and themselves than it is to successfully grow fine grain, cotton, plants and flowers, then they will be ready to heartily co-operate in bringing about this reform."

Mother—"Yes, when they receive such an education, then we can confidently expect corresponding results."

Doctor—"We must continue to wait and hope, and at the same time labor for these results. The light of science will yet dispel all this darkness of ignorance, and the causes that produced your daughter's ill health will be removed to a great extent; but those of a general nature, such as we have already mentioned—impurities of air, bad water, unsound food, improper cooking, suitable clothing, and the proper exercise adapted to the ages of children and their conditions of health—these must all be looked after and regulated by both the mother and the father of the children when at home."

Mother—"Yes, while I know the responsibility of a girl's health rests upon her teachers to a great extent, that of the parents is still greater."

Doctor—"And for that reason, while it is true that often young girls of the fairest promise die early, or spend a life of miserable invalidism, it is important and very dificult to decide whether the health of girls is not as frequently destroyed by the ignorance, and sometimes the wilful ignorance and obstinacy of parents, as by any of the laws or regulations that are required to be observed at school. These errors on the part of parents and school systems affect the health of girls in both mind and body differently. In your daughter's case, the mind was over-taxed by constant mental work, and body impoverished by imperfect nutrition, but I have seen many cases from the same cause where the body developed and continued in a healthy condition, and the mind failed entirely or had its power greatly weakened. I could call to mind several instances of both boys and girls, who in their childhood promised to be, or were unusually bright in intellectual capacity, but now at sixteen or eighteen have lost the mental power and vivacity that distinguished them at ten years of age. In others the mind grows and increases in force, while the body ceases to grow or falls into incurable invalidism, which would have been the fate of your daughter if her case had not been attended to before it was too late."

Mother—"Yes, I now feel satisfied of that fact, and it has indeed taught me a lesson I can never forget."

Doctor—"Our present system of education, aided by the ignorance, the over-indulgence, and cruel as well as fatal ambition of parents to see their children "advance" rapidly, furnish many instances of both these classes of disease. We very often hear that one or more of our first honor girls have died of a fever or some other simple acute disease, because the system was so enfeebled by long and continued study, it had not enough strength and vitality to resist any ordinary disease.

Growing girls are feebler and more sensitive than boys, physically and mentally, and they should be treated as growing girls until they are at least eighteen, otherwise they will certainly have an imperfect womanhood. Though, as I have said, boys are frequently and fatally over-taxed with mental work, yet they have more firmness of fibre than girls, and which gives strength and endurance to the body and brain."

Mother—"When I was growing up I thought no one but aged, feeble persons had what we call nervous diseases, but I now know that young persons, even children, are very frequently victims of these distressing disorders."

Doctor—"Yes madam, many of them. The same causes we have been discussing—mental and physical taxation—by lessening the vital energies and the resisting powers of economy, not only predispose to, and makes it more difficult to cure acute disease, but in my judgment is frequently the cause of many diseases. I have had four cases of Chorea or St. Vitus Dance out of one school, resulting, as I have reason to believe, from over-taxing the nervous system, and from the mental anxiety to which children are subjected in their education."

Mother—"I am not at all surprised to hear it when the children's nerves are kept in a perpetual strain from the time they awake in the morning until they fall into a sleep of exhaustion at night. I know just how they do, Doctor, for I have seen it in my own children. It is hurry when they are dressing in the morning for fear they will be "tardy," and hurry all the time until they get off. If they go to school too late, they get a "demerit," they get one if they go too early, and in anticipation of it they are in a fidget, a distressing, restless state until they work themselves up to excessive nervous excitement, then swallow their breakfast in haste, go to school almost in a run, get there panting and excited, and in a *nice* condition for solid, deliberate and thorough study."

Doctor—"Yes, madam, I have heard other mothers say the same thing in regard to their children."

Mother—"I actually heard the other day of a party of children who came very near being crushed to death by the cars, because they were afraid they would reach school too late and get the inevitable demerit; they would not wait for the train to pass at the crossing; and they escaped death so narrowly, a gentleman near by, shuddering at the danger they had been in, spoke to them about it, when one of the party said, 'I had rather be *killed* than get to school too late!' Is not that shocking?"

Doctor—"It is, madam. It seems the children now in our towns and cities fear the mark of demerit more than the little people used to

care for a good old-fashioned switching at school in the times gone by."

Mother—(laughing). "I suppose it was because they did not know then when the switching was coming, and their minds and nerves, therefore, did not suffer the tortures of its anticipation. And when they did get the punishment, it was done with at once, and the nervous system left free to recover its tone."

Doctor—"Yes, madam, I admit there is some philosophy in your supposition."

Mother—"I also think, Doctor, that this custom in schools of giving prizes and medals is injurious to pupils under seventeen or eighteen years of age. It stimulates their ambition to such an extent that their mental anxiety is extreme, and consequently the nervous system is strained to its utmost capacity. So, in reaching brilliant achievements in scholarship, if the mind is not injured, the physical vitality is enfeebled if not exhausted. Do you not think so, Doctor?"

Doctor—"Of course, madam, it is only another instance of excessive mental taxation, and when it is kept up for weeks and months together, no matter what the object is in view, the physical results cannot be beneficial."

Mother—"Doctor, I will tell you an idea of mine about prizes at school."

Doctor—"Well, madam, what is it?"

Mother—"I think the results would be beneficial in every way if prizes were offered: First, for the highest attainments in good manners—that is, in the daily and constant exposition of *true* politeness, which we all know cannot be practiced only when the person has a pure, good heart. Next, prizes for moral attainments, as regards the cultivation of an amiable temper, of unselfish, noble principles, and a disposition to do good deeds—in brief, to emulate a perfect moral character in all its attainments. Such ambition as this would be no tax upon the mental or physical faculties, and instead of doing them an injury would really be beneficial to health of body and mind, and if pupils tried to excel in moral worth, they would be so pure and conscientious, they would also try to excel in mental achievements without anticipation of any prize but the approval of a good conscience. What do you think of my idea?"

Doctor—"I think, madam, it is a very good one, and at the same time very unusual, and, as you put it, also contains both medical and moral philosophy, though some might object that moral ambition should have no prize in view, and be emulated only for its intrinsic worth. While your idea is a very good one, I do not know how it would be regarded in connection with our present systems of education."

Mother—"Neither do I, and only mention it for what it is worth. But, Doctor, I think there are other causes for the ill health of so many of our girls. Did you not, a few moments ago, mention clothing as one of them?"

Doctor—"Yes, madam, I am convinced that ignorance or obstinacy of parents on the subject of clothing is a fruitful source of ill health among girls as well as women. It is true our bodies receive warmth from the food we eat, but as clothing prevents heat, it should be used as an assistant to the food in giving protection to the body against changes of temperature of the weather, which is done upon the scientific principles of conduction and reduction of heat. All girls of the proper age should learn this at school, and the knowledge will enable them to do more than their mothers in selecting material as regards texture and color suitable for cold or warm weather."

Mother—"In warm weather I suppose we should have the material for clothing that will most readily reflect the sun's rays, and in the winter season that which is a bad or non-conductor."

Doctor—"Yes, madam, and girls will also then learn the various tortures, the loss of health, and damage to the beauty of form and features to which the vagaries of fashion subject the great majority of their sex. From early girlhood the waist is compressed with corsets that impede respiration and the action of the heart, and cause displacements of the organs of digestion and other functions of vital importance to beauty as well as health."

Mother—"As to these waspish waists, I never could see any beauty or symmetry in them, leaving out the question of health and long life."

Doctor—"No, madam, there cannot be, according to the natural laws of grace and beauty. We all know that the lines of beauty and symmetry are in curves, not angles, and I am confident that corsets destroy the symmetry of a girl's waist and shoulders, as well as cause serious damage to her health. This can be readily seen by taking up a book upon physiology and comparing the out-lines of a body that has never been disfigured by compression with one that has."

Mother—"Yes, I have noticed this in those cuts, and in the former figure. I could see the sloping shoulders and graceful curves of the waist that are so essential to beauty of form in woman. If physicians and parents would impress it upon our girls that it is impossible for them to be beautiful without perfect health, I am sure they would be far more careful about avoiding every kind of illness, and would quit the reckless manner they have in disregarding so many things that would preserve their beauty and vigor."

Doctor—"I think they would, madam; it is natural for a woman to

wish to be beautiful, even on to old age, if possible, and it is also right that she should have this desire, and should endeavor to cultivate her beauty in every proper manner. The only right way to do this is that designed by the Creator, and it is the only one that will promote and preserve real beauty of face and form. A woman who destroys her health by the silly mandates of fashion and society, cannot be the mother of healthy, bright and beautiful children, and she is also unfitted to rear them, and train them to become the truest and noblest types of men and women."

Mother—"Yes, I know that is true, and I have seen so many sad instances to confirm its truth."

Doctor—"Our ladies of fashion and those in easy circumstances do not take enough active, vigorous exercise, especially out of doors. Taking a short walk upon the streets or a daily drive is not sufficient to keep a woman in good health, nor to preserve her grace and beauty. At the majority of the girls' schools, if the pupils are allowed to engage in active exercise at all, the tyranny of dress and fashion seriously prevents the freedom of motion that is so essential to the good effects of the recreation. This is true, especially in calisthenics, that is now practiced in so many of these institutions. As Dr. Richardson, of London, says, the school-girl of the present day is taught to curb her joyous and natural spirits, to regard innocent recreation and any kind of romping as unlady-like, and to indulge in no exercise except that which is allowed by a prison-like routine, so that when she leaves school with a long list of showy accomplishments, all her physical energies have been sacrificed to a genteel deportment, and she is a ready victim to all kinds of nervous disorders."

Mother—"What kind of vigorous out-door exercise, Doctor, do you think is suitable for girls to have?"

Doctor—"There are several, madam, and among them, battle-door and shuttle-cock, lawn-tennis, the game called rackets, and where the facilities are at hand, swimming, rowing and riding horseback are all excellent and vigorous recreation for girls of suitable age and growth, and also for ladies. These all conduce to expansion of the chest, an upright carriage and general strength of what is called the upper torso which will give full oxygenation of the blood, and thus keep the system in general good health."

Mother—"Do you think the skipping rope is a healthy exercise for girls?"

Doctor—"No, madam, not as it is invariably indulged in—on the contrary, it does much injury, and in some instances has destroyed health or caused sudden death. If girls would engage in the exercise in moderation and at the hours between breakfast and noon, it would

perhaps do healthy girls no harm, but as I have said, they invariabl carry it to excess."

Mother—"Yes, I have often seen it done in my own school days; indeed, I have known girls to faint in the skipping rope, and be sick for weeks afterwards."

Doctor—"Very true, madam, I have heard of such instances. In all cases exercise of any kind, to be beneficial, should never be pursued to such an extent as to render it laborious, debilitating or exhaustive. This should be carefully considered; also the health of the person engaged in it. Delicate girls cannot take as much exercise as those in robust health, and neither can be truly benefitted by it, if the clothing is such as to interfere with the utmost freedom of motion of all parts of the body, and this cannot be had with high-heeled shoes and tight fitting garments."

Mother—"Parents and teachers will certainly learn, and before very long, how important it is to pay more attention to the physical recreation of our girls, instead of taxing their brains with a confusion of ideas that they soon forget, and also spending time and labor upon some showy accomplishments, for which the pupils often have no taste or capacity."

Doctor—"Yes, madam, I think you are correct in part, but as my time is out, I must bid you good morning."

CORRESPONDENCE.

DURATION OF PREGNANCY.

DR. R. C. WORD, Atlanta, Georgia:

Dear Doctor—Will you be kind enough to give me the benefit of your knowledge on the subject I am about to mention. A young lady in this neighborhood, under promise of marriage, was seduced by a young man in August, 1882. Her menses appeared last on the 17th of August, and she was not confined until June 6th. According to our Obstetric Calendar her time (280 days), was out May 24, but she ran two weeks over time.

The parties have gone to law, the man taking comfort in the thought that when the *woman's* time was *out* so was *his*. He also pleads "not guilty" to the whole charge. As I will no doubt be called upon to testify in the case, I will be glad to hear from you.

Yours truly, C. J. B.

OUR REPLY.

Dear Doctor—To yours of the 9th inst., I will reply that I believe in the law of Septinaries as applicable to pregnancy and many other physiological actions.

Under this rule a lunar month of four weeks or twenty-eight days is the interval from the commencement of one menstrual period to another. The average duration of the menstrual flow is seven days, and the normal or natural duration of pregnancy 40 weeks or 280 days. The period of œstruation or heat in the human female, during which, as a rule, she conceives, is also governed by the same law, and continues seven days immediately after the cessation of the menstrual period.

These are all general rules and liable to occasional exceptions from various causes, and it has been observed that the exceptions or modifications which occur are governed by the same septinary law; so that a case is very apt, when going beyond or falling short of the normal period, to do so by 7, 14 or 21 days, but very seldom beyond 7 or 14 days.

Our obstetric tables differ as to the time from which the 280 days should date—some placing it at the first day of menstruation, others at the close of the period. The truth is, it seems to vary as between the two points, but according to our observation it more frequently dates from the commencement of menstruation; especially is this the case with primpara, who indeed, not unfrequently anticipate this time by one or two septinary periods, (7 to 14 days).

The case you mention, according to septinary laws, should have reached her full time on the 23d of May; but the addition of two septinary periods would throw it to the 6th of June, which seems to fit the case precisely.

The claim of certain modern investigators that conception takes place immediately before menstruation, I do not accept, though some experiments have been submitted which seem to favor that theory. The fact that œstruation occurs in the human female immediately after menstruation, is conclusive to my mind that this is the true period of conception. There are, however, rare exceptions in which the period of heat may be hurried up or postponed. These exceptions are due to causes which hasten or retard the development or maturation of the ovum. Dallying with the other sex, lascivious thoughts, or anything that excites sexual desire, may hasten the functional activity of the organs, and lead to rupture of the Graffian vesicle and to its occasional impregnation in advance of the usual period which, as stated, is during the week immediately succeeding the menstrual flow. At

this period the vesicle is mature, and is likely to rupture and to be fecundated by the spermatazoa of the male as a result of the very first sexual act after menstruation. It not unfrequently ruptures prematurely and passes off with the catamenial flux. On the other hand, the maturation of the vesicle may be retarded by ill health, mental anxiety or any cause antagonistic to the sexual appetite.

The above is so much of our reply as applies to the matter upon which the inquiry was made. We publish it because it is an important subject, and one which we suppose will be likely to interest our readers. It is possible that there are those who will differ with us, and that our views will be criticised. If so, our columns are open for remarks, and we will be pleased to hear the views of medical brethren upon the subject.

ROTHELN.

BY A. B. LOVING, M. D., OF ARKANSAS.

I see a communication in your last, from Dr. Knott, of Texas, in which he states that he has met with an eruptive disease, about which there seems to have been a diversity of opinion.

As I have had some cases the past spring, of a disease not unlike measles, which for a while led me off the track, I will give the history of them. Case No. 1. Mr. A. was taken with all the symptoms belonging to the forming stage of Rotheln. When first seen by me these were all well developed. There was the injected and watery eye, with continued sneezing; there was also sore throat. The eruption had made its appearance on the forehead, and in the pharynx. I diagnosed this meaales, but the course of the eruption was not that I had been in the habit of seeing in measles.

It spread too rapidly over the body, it did not cause that raised and thickened appearance of the skin that we see in rubeola, nor did it arrange itself in crescentic shaped spots; it did not remain on the patient long enough, and when it began to disappear it was off too soon, and without desqueamation.

The tongue was coated with a whitish brown coat, but this soon cleaned, leaving it looking like a piece of raw beef. I then began to think I had a case of scarlet fever, and made the following prescription:

R Fl. ext. belladonna.....f. gtts. viii.
Potassæ chl..... ℥ ii.
Aquæ. .... ℥ iii.

M. Teaspoonful every two hours.

At my next visit twelve hours from that time tongue looked natural and the patient so much better that the idea of scarlet fever banished from my mind. This case was down seven or eight days, but the eruption all gone at the end of the fourth day.

Case No. 2. Mr. T's case run the same course as did Mr. A., but did not have the forming symptoms of measles so well developed. The tongue was the same, and yielded as promptly to the belladonna and potash prescription as the first case.

This young man claimed that he had the measles when a child, "Big French measles," and knew he could not have it again, but gave it up when he saw himself in a glass. All the other cases were in a mild form, and attacked those who had had measles as well as those who had not, and seemed to attack by preference, adults rather than children. It did not spread by contagion, as those who did not come in contact had the disease. My opinion after the first two cases was, that I did not have rubeola nor scarlet fever, but rotheln.

You can see from this how easy it would be for one to make a mistake in favor of either disease, rubeola or scarlet fever.

EPIDEMIC METASTATIC PAROTIDITIS.

BY CHARLES H. MILLER, M. D., OF KANSAS.

There is an epidemic of mumps prevailing at the present time throughout the greater portion of the United States. This epidemic has peculiar features, one of which is its metastatic tendency to the testicles, both of which are most frequently affected. As this metastasis is in dispute among medical authorities, some contending that it takes place but rarely, if at all, and then only from exposure to cold; and others expressing their utter contempt for the transmission by an absolute silence on the subject, it is important to demonstrate by clinical experience, just what the truth of the matter is.

In an article on this subject in the Medical Review, of New York, for April 30th ult., and in another in Medical and Surgical Reporter, of Philadelphia, for May 7th ult., I have attempted to prove, with the meagre materials before me at the time, that the epidemic now prevailing is distinguished from the ordinary epidemics of mumps, from the fact that metastasis occurs in nine-tenths of all cases, in spite of all the most stringent precautions against cold, in warm weather as well as cold. There seems to be an inherent disposition on the part of the epidemic to seize the testicles, whether the patient remains in bed or is up and about. Females, as a rule, escaping a metastasis.

This form of mumps I have termed "Epidemic Metastatic Parotiditis," portraying its distinguishing features and endeavoring to rob it of the terrors it was generally supposed to possess, since the epidemic is a mild one, no deaths having occurred either directly or indirectly from the disease, although the winter just passed has been unusually severe for all diseases.

I call attention to this matter because I would like to hear from your readers where such epidemics prevail, and whether or not they partake of the character mentioned. By giving this publicity, therefore, you will oblige not only me but your readers also, perhaps.

PREVENTION OF SCARLET FEVER.

BY J. B. GARRISON, M. D., WILLIAMATTE, ARK.

More than two years ago I published the assertion that I firmly believed that the contagion of Scarlet Fever could be absolutely prevented. My statement at that time was based principally on my conception of the manner in which the transmission of the scarlet fever poison was effected; my method of prevention having been tested in a few cases only. Since that time, however, clinical experience has afforded me abundant opportunities of verifying my assertion that by a certain method of procedure in the treatment of scarlet fever patients, the contagious element of the disease is rendered innocuous. For proofs of the instances I shall hereafter detail, I refer to Dr. E. Visart, of DeWitt, Ark., together with the residents of that town and vicinity.

In the fall of 1878, Prairie township, adjoining the one in which I lived, was visited with an epidemic of scarlet fever, attended with considerable fatality. I proclaimed publicly that I would prevent its spread in that locality to which my practice was confined.

The first case to which I was called was a daughter of A. B. Beeler, a druggest residing in DeWitt. She had been visiting with her mother in the infected district, was brought home and survived a severe attack of scarlet fever of the anginose variety. Five persons in this family were constantly exposed to actual contact with this patient. Two of them slept in the same room, and part of the time in the same bed with her, and, although they had not previously had scarlet fever, none of them contracted it. No quarantine was enforced, and several unprotected children visited the patient during her illness, and no case occurred in consequence of the exposure. Soon after I was called to see five patients who had scarlet fever in the family of Mr. John Watkins, living in the country three miles from DeWitt. They had been on a visit to some relatives who were afterwards found to have scarlet fever. The disease ran its usual course, even to the desquamation of the thick cuticular covering of the palms of the hands and soles of the feet. One of the patients, an infant, was a corpse in the house at my first visit. Although there were seven other members of

the family who had not previously had the fever, who lived constantly, ate and slept in the only two rooms of the house in which the fever patients were confined, nursed them and slept in the same beds with them, yet no other case occurred in that family.

These are but two instances selected from more than twenty, occurring in five epidemics (or which would have been) in which I have given the method a fair trial. I cite these two from the fact that I called attention to them publicly at the time of their occurrence, (so as to have the means of verification) and also publicly announced my ability to arrest the spread of the disease in the community.

I declared more than ten years ago my belief that almost the sole means by which scarlet fever was propagated was by direct inoculation of desquamated cuticle from the scarlet fever patient to the exposed individual. Experience has confirmed me in this belief.

Hence, my practice is to destroy the poison contained in and render inert, the light, furfuraceous desquamated cuticle by disinfecants.

I do this by annointing the entire body of the patient with carbolized lard or cosmoline.

℞ Adipis, aut olei petrolei,..... 2 oz.
Acid carbolic pur..... 1 drachm.

Sig. Annoint thoroughly the entire body of the patient twice in 24 hours.

For further precaution I also direct a carbolated gargle:

℞ Potass chlor. pulv..... 2 drachms.
Acid carbolic ..... 2 "
Glycerinæ..... 2 oz.
Aqua camphoræ..... 6 oz.

Sig. Use as a gargle every 3 or 4 hours, oftener if indicated.

I also direct the exhibition of carbolic acid, *per orem*, in the average dose of two grains every four hours, for an adult. The atmosphere of the room, under these conditions, being loaded with carbolic vapor from the inunctions and gargles, precludes the necessity of the inhalation of a carbolic solution.

Patients generally express relief from the inunctions and gargles, nor does the prophylaxis interfere with any other indications for treatment.

I have no stereotyped treatment for the disease. I treat the individual patient with veratrum, digitalis, ice, cold water, or brandy, opium and sinapisms, as may be indicated.

Nevertheless I opine there are few cases of scarlatina in which chlorate of potash and quinine will not prove beneficial.

Several years ago I communicated my views and experience on this subject to the greatest of all therapeutists and best of medical teachers as well as of men, (in my estimation) Prof. Samuel G. Armor, of Long Island College Hospital, Brooklyn, N. Y., who did me the honor to say that he was teaching my method of prevention to his class.

Quite a number of physicians to whom I have personally explained my plan of prophylaxis, report results equal to my own.

A year or two since I saw an article from some eastern professor recommending lard alone, used by inunction, as preventive of the

spread of scarlet fever. This is doubtless true to a certain extent, as it would agglutinate the fine squamæ which might otherwise be carried to *nidi* favorable to the deposition of their poisonous burden. It would not, however, answer in cases of actual contact.

More recently Prof. Jules Simon, in a lecture delivered at the Hospital des Enfants Malades, Paris, declares that "scarlet fever is contagious principally through the pellicules of epidermis which become detached." (See Medical and Surgical Reporter, Philadelphia, March 26, 1881.) This corroborates my theory, and I am confident that a trial is all that is needed to convince any physician of the certainty of this method of prophylaxis against the contagion of scarlatina.

I may further state, in this connection, that, in 1872, I treated a case of variola, using carbolized inunctions; and, it being an isolated case, in the country, many persons visited it without knowing the nature of the disease. All unvaccinated individuals who visited the patient prior to the use of the inunctions, contracted small-pox; those exposed subsequently escaped.—*Indiana Medical Reporter.*

A CASE OF DYSTOCIA—RELIEF BY EPISIOTOMY.

BY F. O. NAGLE, M. D., OF PHILADELPHIA.

Labor may be rendered difficult by many and various causes. They are generally arranged into two classes. Those which render labor difficult by causes referable to the mother, and those in which the child is at fault.

The following case of difficult labor is one which belongs partly to both classes; where the labor was made difficult, on the part of the child, by an unusually large, healthy head; and on the part of the mother, by a small vulva.

The patient, a young married lady, twenty-six years of age, primiparæ, had engaged, and was attended by Dr. Wm. M. Caterson. The Doctor was sent for about 10 p. m., Sunday, April 3d. The patient stated to him that the pains came on Saturday evening. They were sharp, cutting pains, referred to the uterus, coming and going every twenty minutes, keeping her awake all the night. Sunday she continued to have them from time to time, not as often as before. In the evening they again became worse, and when the doctor arrived she was having them about every five minutes.

The doctor remained all night with her, and part of next day, very little progress being made during that time, and not wishing to bear the entire responsibility, he desired a consultation with me, which was granted.

I was called about 5 p. m., on Monday. At my first visit I found the patient in bed. Upon questioning her I obtained the following information: This was her first pregnancy; thought she was two weeks before her time. She was in labor forty-eight hours. The pains during my stay were feeble and slow, but severe enough to keep her almost in continual suffering. In making an examination *per vaginam*,

I found the head presenting at superior strait, second position of vertex. Os dilated to about two inches in diameter. Membranes intact. Fæces in rectum could be felt through posterior wall of vagina. Abdomen considerably enlarged.

Patient was told there was no occasion, at present, for alarm. She was ordered fifteen grains of quinine as a uterine stimulant, and an enema of soap and water. I left, and promised to return later in the evening.

I saw her again at half-past eight p. m., when the doctor informed me that about one hour after taking the quinine the pains became more severe, lasting longer and more effective. The os was dilated to about three inches in diameter. Presenting part engaged in pelvis. Rectum empty.

At my next visit, 10:45 p. m., I was told that the membranes had just ruptured. Pains were of a bearing-down character. Os fully dilated. Large head diagnosed. Patient had vomited during my absence; she was ordered seven grains more of quinine. The head slowly descended to the perineum. From the rupture of membranes to the appearance of head at vulva four and three-fourths hours elapsed. During this time the pains were strong and severe. When the head was low down, and the perineum distended to its utmost, it was evident the head could never be born without a rupture, owing to the smallness of the orifice of vulva. I tried to save perineum by endeavoring to deliver head during the absence of pains, as taught by Prof. R. A. F. Penrose. The head could not be born, as the vulva was too small, rigid and inelastic.

The application of forceps was considered, but the danger of rupture by their use was evident.

I obtained consent of the patient to perform episiotomy. This I did with a pair of scissors, making a cut on each side of the vulva about one and a half inches from median line of perineum. This procedure removed the tension of vulva, and allowed the head to pass out readily, saving, at the same time, the perineum, the fourchette, even, not being torn. Passing my hand around the neck, I discovered the cord encircling it. This was easily slipped over head. The shoulders and body were delivered without any difficulty.

The child was an unusually large and well developed one; the head being particularly large. Smacking the child with the hand was all that was necessary to establish respiration.

The cord was cut, and placenta delivered by Crede's method. No stitches were applied to cuts, the wounds healing by granulations. There was no hemorrhage from the incisions nor from the uterus.

Child born 3½ a. m., Tuesday, April 5th.

Duration of Labor.—First stage. Dilatation of os, 53 hours. Second stage. Expulsion, 4¾ hours. Third stage. Delivery of placenta, 15 minutes. Total, 58 hours.

Weight and Measurements of Child.—Weight, 12½ pounds. Length, from vertex to buttocks, 15½ inches; from buttocks to soles of feet, 10 inches. Entire length, 25½ inches.

Circumference of Head.—Tape passed from occipital ridge above ears to frontal bones, 15¼ inches.

Diameters of Head.—Bi-parietal, 4 inches; occipito-mental, 6 inches; fronto-mental, 4 inches; occipito-frontal, 5 inches; bis acromion, 5 inches; bis iliac, 4 inches.

The cause of this lingering labor was, I believe, the excessive distention of the uterine cavity by the large fœtus Just the same as we have in dropsy of the amnios, where the uterine walls are overdistended, making them thinner and preventing them from acting with energy.

In primiparæ, delivering the head during the absence of pain will, in the majority of cases, save the perineum from rupture. Where this cannot be done, cutting the vulva, as in this case, is the only resort. The edges can be united by a stitch. None were used in this case. No deformity followed.

I would say, in conclusion, that the action of quinine in this case, as a uterine stimulant, was a very decided one. I have seen it used in similar cases, and always with a very happy effect. I consider it, in full doses (15 gr.), a very valuable aid in cases where the pains are insufficient. Its mode of action is not yet fully understood. It is believed, however, that it does not originate uterine contractions, merely stimulating those present.

The lying in of the patient was not attended with anything unusual. Mother and child are both well.—*Med. and Surg. Reporter.*

CATARRH AND DYSPEPSIA.

BY A. P. WHITEHEAD, M. D.

The relation of dyspepsia to catarrh is of such importance in connection with the treatment of the latter disease, that it is a matter for wonder that it has not been more prominently brought to notice in the many and lengthy treatises upon the subject. That dyspepsia is a frequent accompaniment, and often precedes a chronic naso-pharyngeal catarrh, is no new statement; but that it invariably exists and generally long ante-dates a chronic catarrh, and is the forerunner, and, to a certain extent, the cause of the presence of catarrh. is the opinion of the writer, confirmed by oft-repeated observation in the treatment of that stubborn affection designated chronic catarrh.

The treatment recommended by writers upon the subject has been confined too much to the seat of disease, with a view to bringing about a modification of the affected mucous membrane by the application of astringents or caustics in a more or less dilute or concentrated form, and even to the removal of portions of the lining membrane of the nose by mechanical means. The diversity in the methods adoptdd have been confined to a simple difference in the destructive character of the applications used—chromic and nitric acid, the actual cautery and the serrated forceps capping the climax. Safer and more rational means of treatment have been too much ignored; the treatment of the dyspepsia, *having in view the relief of the catarrh,* has been almost overlooked.

In the mind of a patient suffering from catarrh there can be no pos-

sible connection with it and dyspepsia; and hence it is not an uncommon occurrence for him to be undergoing treatment at the hands of a specialist for the catarrhal trouble while being treated by the family physician for dyspepsia.

The usual form of dyspepsia accompanying catarrh is characterized by a somewhat enlarged tongue, bearing upon its sides the impressions of the bicuspids and first molar teeth; in color, pale or slightly bluish, the latter, especially, after a meal; near the tip smooth, dotted here and there with small, bright, pink or red slightly raised follicles; at the base, a slight whitish fur, and a more or less deep fissure in the center, extending half-way to the tip. This is clearly the tongue of chronic, atonic dyspepsia, with more or less enlargement of the stomach and permanent thickening of its mucous lining, not unlike the thickening of the nasal and pharyngeal mucous membrane, with which it is directly continuous.

The so-called "*hygiene of catarrh*" is the hygiene of dyspepsia. The greatest benefit derived from a hygienic habit is more directly owing to the improvement of the impaired functions of the stomach than to any direct benefit to the nose and pharynx; for, above all other affections, dyspepsia demands a rigid observance of the laws of hygiene for its treatment.—*Western Lancet.*

Nature of Green Vomit.—The chemical and microscopical nature of green vomit has been made the subject of recent investigations by Dr. F. Betz (Memorabilien, Oct. 6, 1880). It was supposed that the green vomit (*vomitus aruginosus*) was the result of a greenish discoloration of brown biliary pigment, caused by the acid action of the gastric juice. The supposition received corroboration from the bitter taste of the vomited matter, associated with its acid reaction. Dr. Betz concludes, however, that the green color is not invariably due to the presence of bile. The color often varies from a yellowish-green or grayish-green or dark-green, in accordance with the greater or less amount of the green "substances" and other admixtures. The green vomit may be kept for months and during the hot season, without spontaneous putrid fermentation taking place—a fact which militates against the possibility of its biliary or even animal nature. Dr. Betz also states that sometimes the green vomit has a natural or alkaline reaction. Microscopical examination shows the green substance to consist of an amorphous, finely granular greenish mass. Discoid heaps, or rounded colonies, are commonly observed. But the green substance may also form a lining over epithelial cells, salivary corpuscles, etc. From these facts Dr. Betz infers the vegetable nature of this substance, and he adds that it is probably derived from punctiform algæ, which he calls *chlorococcus*. He denies any relation of this low fungus to other microphytes, such as the torula cerevisiæ, sarcina ventriculi, or iodium. Finally, the author remarks that, apart from all other considerations, the frequent occurrence of copious green vomits would go to show that bile could not find its way into the stomach in such enormous quantity. The bitter taste of the green vomit receives its explanation in part from the frequent admixture of some bile, but is also in part due to the presence of a bitter principle in the chlorococcus.—*London Medical Record.*

ABSTRACTS AND GLEANINGS.

Remedies for Headache.—The following recipes and suggestions for the treatment of different forms of headache are collected from a variety of trustworthy sources:

Two grains citrate of caffeine, in capsule, taken every half hour, is a very effectual remedy in nervous and sick headache. One or two doses are often sufficient to give complete relief.

The only objection to its use is sleepinesss, which sometimes results if it is taken in the evening. It is preferable to guarana, as being hardly ever rejected by the stomach.

The following, according to Dr. W. W. Carpenter, is very effectual in most forms of headache: Muriate of ammonia, 3 drachms; acetate of morphia, 1 grain; citrate of caffeine, 30 grains; aromatic spirits of ammonia, 1 drachm; elixir of guarana, 4 ounces; rose water, 4 ounces. Mix. Dessertspoonful every ten or twelve minutes.

In nervous headache, Dr. W. A. Hammond states the value of various drugs as follows:

Oxide of zinc is of great value. Odinary dose, 2 grains, three times a day, after meals; maximum dose, 5 grains. It is best given in form of pills.

Nux vomica is preferable to strychnia. The dose is ½ grain, after meals. If the patient be chlorotic, it is well to combine a grain of reduced iron and half a grain of sulphate of quinine.

Bismuth in the form of subcarbonate, will often take the place of oxide of zinc. Dose, two grains, after each meal. Bismuth probably aids digestion more than any mineral tonic, and is of use when there is gastric disturbance.

The bromides are serviceable when the nevous system has been irritated; when it is exhausted they do harm.

Phosphorus is very useful in most forms of nervous headache. The best results are obtained from dilute phosphoric acid, in doses of 30 drops, largely diluted, three times a day, after eating, or phosphide of zinc 1-10 grain, in pill, three times a day.

Arsenic as a nerve tonic stands next in value to zinc. Dose, 5 drops of Fowler's solution three times a day, after meals.

Galvanism is sometimes valuable, but by no means a specific. The *constant current* should always be used, being careful to avoid too great intensity, less amaurosis be produced.

Dr. T. Lauder Brunton, editor of the London *Practitioner*, says: The administration of a brisk purgative, or small dose of Epsom salts, three times a day, is a most effectual remedy for frontal headache when associated with constipation; but if the bowels be regular, the morbid process on which it depends seems to be checked, and the headache removed even more effectually, by nitro-muriatic acid, diluted 10 drops in a wine-glass of water, or bicarb. soda, 10 grains, in water, before meals. If the headache is immediately above the eyebrows, the acid is the best; but if it be a little higher up, just where the hair begins, the soda appears to be the most effectual. At the same time the headache is removed, the feeling of sleepiness and weariness,

which frequently leads the patients to complain that they rise up more tired than they lie down, generally disappears.

A writer to the London *Lancet* remarks: At the Middlesex Hospital, female patients who have suffered many years from sick headache, evidently of a hereditary character, have been greatly benefitted, if not cured, by the administration of 10 minim doses of tincture of Indian hemp, three times daily before the attacks. This is well worthy of trial in those cases of ever-living, never-dying, martyrdom-like suffering.

In headache due to the determination of the blood to the head and in fever, the following simple treatment is to be commended: Put a handful of salt into a quart of water, add an ounce of spirits of hartshorn and half an ounce of spirits of camphor. Cork the bottle tightly to prevent the escape of the spirit. Soak a piece of soft cloth with the mixture and apply it to the head; wet the rag fresh as soon as it gets heated.

Soaking the feet in very warm water, in which a spoonful of mustard has been stirred, is also beneficial in drawing the blood from the head. Two teaspoonfuls of powdered charcoal, well stirred in half a glass of water, and drunk at once, is a valuable remedy in sick headache from sour stomach, flatulence, etc.

Tincture of nux vomica is recommended by Ringer as possessed of real curative powers, when given in drop doses, repeated every 5 or 10 minutes, for 8 or 10 doses, and then continue at longer intervals, for sick headache, accompanied with acute gastric catarrh, whether due to error in diet, constipation, or no apparent cause.—*Boston Journal of Chemistry.*

Cerebro-Spinal Meningitis.—Dr. Cleveland (Academy of Medicine, Cincinnati,) reported a number of cases in his practice of such a nature as to suggest to him that perhaps cerebro-spinal meningitis would be a timely subject to introduce before the Academy. But before reporting the cases which he had, he would wish to make a few introductory remarks on the general subject of cerebro-spinal meningitis. This disease, while we must believe that it has existed from time immemorial, is new in history. Our knowledge of it dates back only to the middle of the last century, and it is only since the present century that this disease has been thoroughly studied and worked up. But the result of these investigations have been unsatisfactory so far as giving us a thorough understanding of this disease. As to its etiology, a host of predisposing causes have been given and surmised; but no one of them is constant and holds good in every case. It attacks all classes; those with the best hygienic surrounding as well as the worst. It attacks indiscriminately city and country, hot and cold climates, and at all seasons of the year, though our epidemics have generally been in the spring and fall.

The inception is generally sudden, with very few or no premonitory symptoms. Headache, supra orbital, occipital, or basilar, are almost constant symptoms; pain in neck, and stiffness of the muscles of the neck; pain in the back, and reflected to the extremities, of a very severe character; delirium is not a constant factor, though it sometimes occurs; nausea and vomiting very frequent; bowels usually constipated.

In some epidemics a petechial rash is always found, though eruptions of different kinds may appear; in other epidemics no eruption is found. Hyperæsthesia is also a marked feature of the disease. The mortality in this affection is always high, and in some epidemics very high. The average mortality is about 25 per cent., though it has run as high as 75 per cent. The prognosis then is always grave.

In speaking of this disease it has been remarked by some one that it is "easier to say what it is not than what it is." Some regard it as simple acute cerebro spinal meningitis. This view is obviously untenable. The point of attack is the cerebro-spinal meninges, but the violence of the disease is often out of proportion to the pathological changes of these parts. The view has been long held that it is but a variety of typhus, and there is much in the symptoms of many cases to encourage this view, but of course this theory will not hold good now. It has been, and is still, regarded by some as pernicious malarial fever. It has been explained by some by calling in the aid of epidemic influence: a mild epidemic producing influenza; a more severe one typhoid-pneumonia, a malignant influence producing cerebro-spinal meningitis.

That it has a specific cause is generally believed, but its exact nature, whether it be a germ or a poison, has not been ascertained.

The first case that attracted his attention was C. Z., æt. 20, attacked March 24. Severe pain in back of head, neck, and spine, extending into the extremities; muscles of neck becoming stiff on the second day after the inauguration of the attack. Nausea and vomiting, or rather vomiting with a very little nausea; pulse never run above 80 when observed; temperature never above 101°.

Treatment—Morph. hypodermically, and quinia and potassii iodidi per os. Was kept constantly under morphia for eight days. When not sufficiently under the drug, pain in the head and neck intolerable. Recovered after two weeks. His neck is yet a little stiff, and he is yet troubled with some headache.

Case 2. T. F., April 4th, suddenly taken, while in apparent good health, with vomiting and convulsions. The next day his head was thrown back, muscles of neck rigid; cried with pain if moved, tenderness along the neck and spine; pupils contracted, eyes closed, brow corrugated, hands tremulous. The child had three separate convulsions at intervals of about twelve hours.

Treatment—Opium in sufficient quantity to keep down pain, with quinia and potassii iodidi. After twelve days convalescence appeared to have set in, and at present the child seems to have recovered.

On the eighth day of this case a rubeolous eruption appeared in spots all over the body, which in twenty-four hours disappeared.

Case 3. April 4th, taken in apparent good health with convulsions (temp. 103°, pulse 110) and vomiting, which never let up; died in twenty-four hours. This may not have been cerebro-spinal meningitis, but the inception of the disease was so exactly similar to case No. 2, that the speaker had given it for what it was worth.

Case 4. J. W., æt. 10. Taken April 7th with chill and vomiting. This recurred the next day. Pain in the head, neck and back; wildly delirious from the first; screams "my head! my back!" Lies on his side, with head thrown back; brow contracted as if in pain; pupils

small, eyes closed tightly, hands tremulous, and vainly grasping at something; screams with pain if moved, and also whenever the effects of the opiate wears away.

Treatment—Quinia and bromide of potash, with opium as pain and restlessness requires. This case is still under treatment, with the prognosis very gloomy. On the 8th or 9th day some hyperæmic blotches appeared on the face and neck. No petechiæ were observed in any of the cases.

Cases 5 and 6. One was taken April 8th, and the other April 10th. They both occurred in the same tenement house. The course and symptoms were so similar that they could be reported together. Both commenced with recurrent chills and fever, vomiting, pain in the head, neck and back; and remittent fever with opisthotonos and stiffening of the neck. The pain was not sufficient to require opium in these cases. They were kept on potas. bromide and quinia from the beginning. Both are convalescing and apparently will recover. Case 5th, at the end of the first week, had blotches of a herpetic eruption on the face and neck. It is true that cases 5 and 6 were very mild in their inception and course for cerebro-spinal meningitis; but it must be borne in mind that this disease occurs in all grades of severity. Cerebro-spinal meningitis certainly exists in our midst. The appearance indicates that we are probably on the eve of an epidemic. If the accumulated filth of a long winter has anything to do with the development of this disease—and it surely has—we have in our midst all the factors (heat, moisture, animal and vegetable filth) for breeding this and kindred maladies.—*Lancet and Clinic.*

Retained Placenta.—Dr. H. Frost, of Salem, Va., in *Medical Bi-Weekly*, says: I was summoned, several hours after the birth of the child, to deliver the placenta, which I found closely adherent. The cord had been torn from its attachment. Finding it impossible to remove the whole, I took away as much as I could, about half. I gave her at once quinine, grs. v., every three hours, and used vaginal injections of carbolic acid two or three times a day, and intra-uterine injections of the same at my daily visits. Gave also salicylate of soda. Each day I endeavored to remove the mass, but failed. On the fourth day the placenta was expelled, and the patient recovered without further illness.

I have met with four other cases in which the placenta was firmly adherent; three of them, strange to say, in the same family, and two in the same patient. In each case, after my own efforts failed, I had the advice and assistance of other physicians. In one, after long continued efforts, the placenta was removed, but the woman died of septicæmia. In each of the other three the placenta was expelled spontaneously on the third or fourth day; one patient died, the others recovered with no illness whatever.

These cases, it seems to me, show that where the placenta is so closely adherent that it cannot be delivered without the desperate efforts which are often made, it is better to leave it for nature to expel, guarding the patient by appropriate remedies against the dangers of septicæmia.

I have been led to report the above cases from hearing an old phy-

sician say recently that no patient of his should die with a retained placenta; he would prefer that she should lose her life in his efforts to deliver it. It is no doubt a most distressing alternative we are called on to take, and we feel that if we leave a patient with her labor thus incomplete we may subject ourselves to reproach, but my experience, limited though it be, convinces me that life is often destroyed by the ill-advised force which is used. It is common to hear doctors say that they never saw a placenta so adherent that they could not remove it. They are more fortunate or more skillful than I, for in each of the cases mentioned above in which the placenta was left in the womb, I found it impossible to feel the placental margin—to determin where it ended, and the uterine surface began. In such a case what is to be gained by tearing it away piecemeal? Are we not sure to leave some portions still adhering? And would not the retention of a small portion be as dangerous as the retention of the whole mass? Would it not be *more* dangerous? For the whole placenta by its presence provokes the womb to constant expulsive efforts, while the small portion, being better tolerated, would probably be retained longer and thus expose the patient for a longer time to the dangers of blood-poisoning.

I hope I will not be understood as advocating inaction in this serious complication of labor. By no means. Let us use every reasonable effort to remove the placenta, but let us be careful not to push those efforts too far. Many lives have no doubt been sacrificed from a conviction on the part of the attendant that the placenta must be extracted *at all hazards*. May the report of these cases induce some to let their patients alone before they inflict injury on them.

An Important Modification of the Ordinary Anæsthetic Method.—The Revue de Chirurgie et Arch. Med. Belge observes that Messrs. O. de Stefanis and Vachetta, convinced of the dangers attending the use of anæsthetics—statistics showing that with chloroform there occurred one death in 2873 cases; with ether, one in 23,-204, while bichloride of ethylene showed one death in 5006 cases—propose a modification, which has alrcady given them excellent results, both upon men and animals.

It was suggested to them by this consideration, that death being caused by cerebral anæmia or cardiac paralysis, anything that could induce a congestion of the nerve centres and excite the heart would help in controlling the noxious effects of the anæsthetic agent, without diminishing insensibility. For this purpose they make use of alcoholics. We shall not repeat here their experiments upon dogs and rabbits; it is more interesting to note the method recommended to bring on inebriety in the subjects to be anæsthetized.

In place of prescribing a strict fast, they advise patients to eat a light breakfast of crackers or bread, and according to age, sex, strength, and the habits of each one, to drink a certain quantity of some light wine, like claret. This quantity may vary from 100 to 200 grains, (f. ʒ xxv–f. ʒ l.) Those accustomed to alcohol may besides take a little brandy. When the heart is found to be sufficiently excited, the inhalation of ether or chloroform may be proceeded with.

Experience proves that under those conditions complete anæsthesia is obtained in a few minutes, by the use of from five to ten grams

(*m* 75 to 150), of the anæsthetic agent. Judging from their first experiments, the authors believe themselves warranted in drawing the following conclusions:

When a dog is prepared for anæsthesia by the aid of Marsala wine, he is less sensitive to the effects of ether or chloroform, but the dangers inherent to anæsthesia are reduced. If the animal is inebriated, insensibility and muscular relaxation are longer in showing themselves.

If anæsthesia is repeated at short intervals, the subjects become less liable to its effects. Alcoholic intoxication, both in man and in animals, does away with all danger arising from cardiac paralysis, or cyanosis due to vaso-motor palsy; no emesis has ever been noticed.

A man slightly under the effects of alcohol yields more readily to an anæsthetic; a lesser quantity is required to induce sleep.

In no case has sleep been followed by such marked secondary phenomena, like vomiting, prolonged somnolency, and falling temperature, as happen with patients who have been put to sleep by the ordinary method.—*Med. and Surg. Reporter.*

Sunstroke and its Treatment.—Dr. D. H. Cullimore writes to the British Medical Journal:

"I landed in India an orthodox believer in the absolute necessity of rapidly attempting to reduce the body temperature by cold baths, and in two forms of sunstroke I am still of opinion, mainly on theoretic grounds, that the treatment is the most effectual we possess. There is, however, a third form, and one that most frequently comes under the notice of the medical officer in India—at all events while in civil employment—in which my experience has not only taught me to prefer the tepid and warm baths (from 90° to 98° Fahr.), but has led me to think that cold baths proved rather injurious than otherwise. This third form was probably the disease, complicated with malarial fever, from which the Marquis of Ripon has lately recovered. The varieties of sunstroke to which, in my opinion, the cold bath should be restricted are these:

"The first is the sudden stroke from the direct effect of intense sun heat, combined with great fatigue, and predisposed to, perhaps, by the use of stimulants. This form is rapidly fatal; it most frequently occurs in young, vigorous, unacclimatized men, whose internal organs are probably sound; and is attended with loss of consciousness, pungent heat of skin, perhaps convulsions, and death from syncope, owing either to stunning of the brain or to paralysis of the conducting nerves and their centres, brought about by a coagulation of the albuminous bodies in the nerves, muscles, etc. Here the immediate and repeated use of the cold bath, with the application of cold to the head, seems rational enough. I have seen but one case of this kind; and death was of too rapid occurrence to allow any treatment to be adopted with any chance of success. There were *post-mortem* signs of cerebral congestion and effusion of blood. The lungs were considerably engorged. The patient had an epileptic history.

The second form, in which the immersion of the whole body in cold water will reduce the temperature so as to permit the renewal of the suspended functional activity of vital organs, is that kind of heat as-

phyxia known to occur on board of ship in narrow tropical seas, or ashore in the crowded barrack-room.

The third variety, and that in which my experience has led me to discard the cold and adopt the tepid and warm bath, may be described as follows: It occurs most frequently among acclimatized district civilians—engineers, police and medical officers—men whose duties necessarily expose them, at times, to great and prolonged heat, considerable fatigue, and a good deal of discomfort, while sojourning in tents or travelers' bungalows. They are probably tainted with malaria, and may have occasionally suffered from attacks of congestion of the liver and dysentery. While on a tour of this kind, the patient elect begins to feel irritable, tired, and out of sorts; he tries to look bright and pull himself together. After a day or two, the heat of skin increases, and he ceases to perspire; there are headache and intolerance of light; and when considerably done up he returns home, and after a sleepless night sends for the doctor. His face is now flushed; there is intolerance of light and sound; perhaps delirium and muscular twitches; the skin is dry and burning; the temperature 106° or 107° Fahr, with exacerbations if complicated with fever. The pupils are often contracted, and there may be tenderness over the hepatic region, with a yellow conjunctiva. Patients suffering as described may recover if treated promptly. The disease is liable to recur, and a sojourn in Europe is advisable, but not absolutely necessary.

The treatment which I have adopted in several cases of this affection, and to which, were I a patient myself, I should wish to be subjected, is as follows: A warm bath, to be repeated according to the judgment of the medical attendant; cold to the head, in the form of irrigation, if the patient will bear it; and removal to a cool, dark room, with a punkah. A thermantidote would be a great advantage; it is, however, necessarily restricted to public institutions, and I have never seen one in use in India. Aconite and belladonna, in from three to six minim doses, should be given every two hours. This combination is invariably followed by free perspiration, but a coincident reduction of the temperature does not always accompany it. Still it is the best means of attaining that end, at the same time controlling the meningeal disease. Bromide of potassium is a useful addition in some cases; chloride of ammonium in others; and quinia, if there be a malarial complication. Quinia, unless in cases of ague, does not, I think, reduce the temperature of the body. Potash water is the best beverage.—*Med. and Surg. Reporter.*

Interval Between Apparent and Real Death in Asphyxia from Lack of Air.—M. Laborde has been investigating a question of great importance as well from a physiological as practical standpoint; one that, notwithstanding the numerous researches in regard to it since the memorable labors of Beihal up to those of our president, M. Paul Best, still remains unsolved.

It is the interval between the apparent and real death of animals asphyxiated by deprivation of air.

It is this type of asphyxia chosen by M. Laborde in order to always have as nearly as possible the same conditions. The animal being

tracheotomised, a Bichah canula is introduced into the trachea, and the cock closed. The time for the supervention of the apparent death varies largely according to circumstances; a medium, however, can be established, amounting to from eight to nine minutes.

At this point there occurs first the cessation in the respiratory movements of the chest, then the dilatation of the pupil, and finally insensibility of the cornea. Ordinarily the cardiac movements persist—diminishing more or less in frequency and strength.

The cock may be opened, the blood does not flow less dark.

If artificial respiration is resorted to, there will be seen at the end of two minutes the acceleration or resumption of the cardiac movements, at the same time contraction of the pupil; the latter, however, not a constant occurrence; then the sensibility of the cornea returns and the animal breathes spontaneously.

If, after a time, the experiment is repeated upon the same animal, the phenomena attendant upon restoration occur in the same order, but after a much longer time. It is necessary to keep up the artificial respiration for twelve minutes instead of two.

After the dog breathes spontaneously through the open canula, the pupil that was contracted from the first artificial respirations, assumes its normal state.

Artificial respiration is not the only means of restoring life to the animal, since excitation of the pneumogastric will produce the same result.—*Lancet and Clinic.*

Physiological and Therapeutic Action of Benzoic Acid.—The *Lancet* states, that from his experiments Schulte has found that the introduction of benzoic acid into the stomach of warm and cold-blooded animals always causes irritation of the mucous membrane, extravasation, and hemorrhagic erosion, and that similar irritation is sometimes observed even when benzoic acid or its salts have been introduced by injection under the skin, or into a vein. In the latter case the pulse and respiration are at first accelerated, and afterwards retarded. The blood-pressure is not influenced by slight injections, but is lowered by stronger ones, and the phenomena are independent of the vagus nerve. Whenever the dose amounts to more than two-thousandths of the body weight of the animal, toxic symptoms occur, followed by death. Salkowski has pointed out that when benzoic acid is given, the urine commonly contains a substance which is capable of reducing sugar. This body is not soluble in ether, but is soluble in alcoholized ether and acetic acid. It is very slightly soluble in water, and thus is distinguished from both benzoic acid and hippuric acid. The salt it forms with barium is insoluble in water, and contains both nitrogen and chlorine. Schulte has found that the appearance of this substance in the urine corresponds in time with the appearance of toxic symptoms. In the therepeutic use of the benzoic acid and benzoate of soda for diphtheria, acute and subacute articular rheumatism, erysipelas, typhus, diabetes, nephritis, interstitial phthisis, peritonitis, etc., the reducing substance was never found in the urine after a small subcutaneous injection, but was found when a large injection was given. The salt was found distinctly useful only in acute articular rheumatism and diphtheria.—*Michigan Medical News.*

The National Board of Health and the International Sanitary Conference of 1881, was the title of a paper read by Dr. James L. Cabell, of the University of Virginia, and President of the National Board of Health. He alluded to the illiberal action of the National Congress in reference to the National Board of Health, and spoke of the success that had attended the efforts of New York physicians for the establishment of a State Board of Health. He also gave a history of the establishment of the National Board, and the reasons why it had not secured sanitary regulations in States which had not established State Boards; and stated the reasons which impelled the calling of an International Sanitary Conference. He gave a very interesting account of the proceedings of that Conference, and the good work accomplished by it.

After dwelling for some time upon the work prepared at the Conference, Dr. Cabell concluded as follows:

"There is, therefore, good reasons for hoping that an international agreement may be arrived at between the States more frequently threatened with epidemic invasions. And, aside from this, the degree of attention which, as a result of the deliberations of the Conference, has been given to the subject of maritime sanitary police, cannot be without fruit in securing greater cleanliness, better ventilation of ships sailing on the high seas, and in general an improved sanitary condition of these important instruments of commerce, which become so often the carriers of the most deadly contagion, from the failure to use such precautions as sanitary science suggests, and as it is hoped will now be enforced among the maritime powers of the world."—*Va. Med. Monthly.*

Earache.—In the American Medical Association, Dr. Jacobi remarked that closing the mouths of infants and children, and simply blowing into the nose, is often a very valuable method of relieving severe earache, and that in a number of cases he had obtained most excellent results from this procedure, the cause of the trouble probably being a catarrhal affection of the Eustachian tube.

Dr. LEIGH, of Petersburg, reported two fatal cases of poisoning from chlorate of potash. The first was of a child three years of age with diphtheria. The mother gave the child one-half ounce of chlorate of potash, and the child died within 24 hours.

The second case was a child five years of age with croup. It took six drachms of chlorate of potash in 24 hours; cyanosis appeared in six hours; hæmaturia and death in 48 hours.

Dr. FONTAINE knew a patient who took one ounce and died. Chlorate potash is soluble in 18 or 20 parts of water. Dr. J. does not give more than a grain to a child under one year, or 1½ to an adult in 24 hours.

Cancer of the Tongue.—In the December number of the Bull. et Mem. de la Soc. de Chir., is a report of a communication by M. Verneuil, on the inutility and danger of any salve operative treatment of epithelioma of the tongue. This disease, it is pointed out, has never been cured either by internal treatment or by topical applications.—*Med. News and Abstract.*

Gastric Remittent Fever.—In confirmation of the views respecting this disease advanced by Dr. F. Peyre Porcher, in the January number of the American Journal of the Medical Sciences, we publish the following from Dr. D. I. Cam, of Ashville, N. C. :

"The disease is essentially '*gastric.*' The bowels, if at all, are only slightly involved. It is an irritation, not an inflammation. This is the true pathological state. My study of this disease, which has been deep and extensive, does not lead me to agreement with the view expressed, or at least suggested, by Dr. Charles West, that it is the child's typhoid fever. There is one sign of the disease which I consider as nearly *pathognomonic*, so nearly invariable is it. This is the child lying with the eyes obstinately closed, only opening them when aroused by being shaken or loudly spoken to.

"As regards the treatment, I yet pursue, substantially, the course which you mention; but I now use bismuth and oxalate of cerium every three or four hours, considering these are among the best means we have of allaying gastro-intestinal irritation; and I use injections of warm water and assafœtida p. r. n. to move the bowels—not insisting upon purgation as an important part of the treatment. The mortality must be infinitesimally small. If I have ever lost a case, I cannot remember it.

"The disease is as common here as it is on the seaboard or elsewhere."—*Medical News and Abstract.*

Thapsia Plaster.—This plaster is made from the *Thapsia garganica*, which grows in abundance on the plateaus of Algeria, and since its introduction into therapeutics has rendered important service in the art of healing. It owes its irritating properties to a peculiar resin contained in its roots, rendering it a powerful derivative, whose action, on account of its form and consistence, may be graduated at will and limited to the very spot on which the physician wishes to obtain the effect. This result is impossible with croton oil, which on account of its fluid state spreads and acts on a larger space than desirable. From the simplicity of its use it has gained much favor with the profession, and is used by many in preference to croton oil or tartar emetic ointment, over which it has great advantages. Its revulsive action manifests itself by a miliary eruption more or less abundant according to the time it has been applied. When the eruption disappears in a few days, the plaster may be reapplied, and thus a counter-irritation kept up for any desirable length of time.—*Pacific Medical Journal.*

Lemon Juice in Diphtheria.—Dr. J. R. Page, of Baltimore, in the New York Medical Record, May 7th, 1881, invites the attention of the profession to the topical use of fresh lemon juice as a most efficient means for the removal of membrane from the throat, tonsils, etc., in diphtheria. In his hands (and he has heard several of his professional brethren say the same) it has proved by far the best agent he has yet tried for the purpose. He applies the juice of the lemon, by means of a camel's hair probang, to the affected parts, every two or three hours, and in eighteen cases in which heh as used it the effect has been all he could wish.—*Med. and Surg. Reporter.*

Benzoate of Sodium in Acute Rheumatism.—Dr. Davis MacEwen (*Brit. Med. Jour.*) observing that benzoic acid is closely similar to salicylic acid in chemical composition, and somewhat the same in physiological effects, endeavored to determine whether it, like the latter, possesses anti-rheumatic properties. He publishes notes of five cases in which the remedy was employed in the form of benzoate of sodium. On the first occasion in which he used it, the relief of pain and subsidence of fever were so immediate, and the recovery was so rapid and complete, that he had no hesitation in adopting the same treatment in subsequent cases. The dose was, in the earlier cases, fifteen grains of the salt every three hours; in the later cases, twenty grains every two hours. In all the cases the symptoms passed off in periods varying from three days to a week after the commencement of the medication; in none did cardiac complications arise in the course of treatment, and Dr. MacEwen thinks the convalescence was more rapid than in cases he had seen treated with salicylate of sodium. Benzoate of sodium possesses this advantage, that it does not give rise to the nausea and depression or the unpleasant head-phenomena which the salicylate frequently produces. It is most conveniently prescribed in the form of a mixture, and it may be given in doses of fifteen to twenty grains every two or three hours. It should also be continued in diminished doses for twenty-four to forty-eight hours after the rheumatic symptoms have disappeared.—*Med. Times.*

How to Vaccinate.—Dr. Dozier (in *Medical Independent*) says: I use *only fresh bovine virus;* and prefer the ivory points to any other. I dip the point to be used in *cold water*, then lay it aside, in order that the virus coating may become well dissolved or softened. In the interim I scarify with a dry ivory point, stroking very lightly, scraping off as completely as possible, *without bringing blood*, the cuticle or scarf skin, for a space of about a quarter of an inch square. I then rub over the abrasion the previously prepared point, until the virus is all off, and insist on the sleeve being kept up for at least five minutes after the operation. I then place over the part a piece of adhesive plaster of sufficient size to cover well the scarification. One of two hundred and twenty-five vaccinated adults and children, and many of the former having been successfully vaccinated before, I got a result of *ninety-seven* per cent. of successful vaccinations! While my colleagues, who used lancets, principally, with which to scarify and *cut* rather than *scrape* through the outer skin, consequently causing more or less bleeding, were successful in not more than fifty per cent. of their cases.

An Old Treatment of Dysentery Revived.—Mr. Henry Colley, in *Med. Times and Gazette*, says that in the ordinary dysentery of adults with some fever, much griping, constant attempts at stool, with tenesmus, the evacuations consisting of bloody and shreddy mucus, without any proper fecal matter, the proper procedure is to give every half-hour half a minum of the liquor hydrargyri bichloridi (B. P.). The first dose will sometimes relieve the pain; in a few hours the tenesmus ceases, and on the second or third day healthy stools make their appearance. Mr. March looks upon the remedy as the perfection of medication as a specific tonic.

Chloroform in Diphtheria.—Dr. Lathrop, of New Hampshire, at American Medical Association, said that he had experimented with chloroform largely, and finds it a highly useful agent. He uses it in diphtheria and other throat affections, applied on a piece of cotton attached to a tube or pen-holder. The patients usually required visiting no longer than four days; but the cases were not so malignant as had been reported in other localities.

No unpleasant effects have ever followed this plan of treatment, and the child, in true diphtheria, does not complain of *smarting* from the application of chloroform. He had used this plan of treatment in one hundred cases. Of course constitutional measures are added.

Dr. McNeal, of Gettysburg, Pa., recommends the following: Potass. bromid., ʒj; potass. chlorat., ʒij; acid. carbolic., gr. xx; aquæ, Oj. Use in an inhaler. Locally, chloroformi, ʒij; lin. saponis, ʒj–ʒij.

Dr. F. E. Hitchcock, of Rockland, Maine, uses equal parts of sulphurous acid and water in an atomizer. The proportions can be varied, and the acid used as a gargle, with cold effusion externally.—*Atlanta Medical Journal.*

Propagation of Syphilis by Razor.—M. Despres, in *Journal des Connaissances Medicales*, has lately published two cases in which syphilis appeared to have been communicated through the medium of the razor during the process of shaving. In the first case, a man aged fifty-four, of steady habits, and with no history of venereal disease, was shaved by a barber on July 11, 1880. The man observed, after being shaved, that he had three small cuts on the chin. On July 25, the patient, who had had no relation with women for ten weeks, noticed a swelling at the site of each of the cuts first noticed after the shaving. On September 1 the patient came under the care of M. Despres, having been sent to that surgeon as a case of epithelioma. On examination there were found three ulcers on the chin, surrounded by some red and moderately hard callosities. There was a hard gland beneath the jaw, but none elsewhere. No other signs of syphilis were discovered at that time. On September 15 a papular syphiloderm appeared.

The second case, that of a young man aged 22, was in many respects similar to the preceding. In him also the initial lesion appeared on the chin, but the patient did not remember having been cut by the razor. In due time glandular enlargement and a general syphiloderm appeared.—*Med. Times.*

The Death Smell.—Dr. A. B. Isham, professor of Materia Medica and Therapeutics in the Cincinnati College of Medicine and Surgery, calls attention in the *American Journal of the Medical Sciences* for April, 1881, to the peculiar ante-mortem odor encountered in many cases at a variable period before the fatal result; in one case he noticed it thirty-three hours before death. The smell is analogous to musk, but is rather more pungent and less diffusible. He is inclined to attribute the phenomenon to the liberation of ammonia, and of the peculiar volatile oil (fatty acid) which gives the blood its odor; this liberation being caused by the diminishing vitality of the blood.—*Michigan Medical News.*

SCIENTIFIC ITEMS.

How Long Man May Live.—It was Professor Hufeland's opinion that the limit of possible human life might be set down at 200 years; and this on the general principle that the life of a creature is eight times the years of its period of growth. That which is quickly formed quickly perishes, and the earlier complete development is reached the sooner bodily decay ensues. More women reach old age than men, but more men attain remarkable longevity than women. Some animals grow to be very old. Horned animals live shorter lives than those without horns, fierce longer than timid, and amphibious longer than those which inhabit the air. The voracious pike exists, it is said, to an age of 150 years; the turtle is good for 100 years or more, and among birds the golden eagle is known to have lived nearly 200 years, while the sly and somber crow reaches the venerable age of a century. Passing up in the scale of life to man, and skipping the patriarchs, we find many recorded instances of longevity among the classic Greeks and Romans. Pliny notes that in the reign of the Emperor Vespasian, in the year 76, there were 124 men living in the limited area between the Appennines and the Po of 100 years and upward, three of whom were 140 and 4 over 135. Cicero's wife lived to the age of 163, and the Roman actress, Lucija, played in public as late as her 112th year. Coming down to more recent times, the most notable authentic instance of great age is that of Henry Jenkins, of Yorkshire, England, who died in 1670, 169 years old. He was a fisherman, and at the age of 100 years swam across rapid rivers. Another historic case is that of Thomas Parr, of Shropshire, a day laborer, who lived to the age of 152 years. When more than 120 he married his second wife, and till 130 he could swing the scythe and wield the flail with the best of his fellow-laborers. In his 152d year Parr went up to London to exhibit himself to the king. It proved an unlucky visit, for, violating the abstemious habit of a century and a half, the old man feasted so freely on the royal victuals that he soon died, merely of a plethora. On examination his internal organs proved to be in excellent condition, and there was no reason why he should not have lived much longer save for this unfortunate taste of royal hospitality. Professor Hufeland's roll of centenarians includes many more remarkable cases.

The Process of Rumination.—A sucking calf has a cud, or ruminates, very soon after its birth, but not for the first few days. The cud is the food which was last eaten; the cud comes only from the first stomach. The following description will explain the process: The cow's (and sheep's) stomach is in four compartments. The first, second and third are all open from the gullet, and are connected by a short canal called the esophagean canal. This is about four inches long. The passage from the third to the fourth stomach is from the further end of the third stomach or manifolds. When coarse food is eaten, or soft food or liquid is swallowed rapidly, it cannot pass through the canal fast enough, but forces open the valve or drops through the

first opening and enters the first stomach or paunch. Here it is softened and macerated and made into a pulp. The cow, by some muscular arrangement, forces a portion of this food into the canal by which it is molded into a bolus, or long ball, and the reversed action of the gullet brings it to the mouth to be rechewed: this is the cud. When it is chewed the second time it is mixed copiously with saliva and becomes a thin liquid pulp, and, when swallowed, easily slides through the canal over the openings of the first stomach into the third, some coarser portions falling into the second stomach. When fine meal or pulpy food is swallowed it will pass the same way into the third stomach, where it is crushed in the manifolds, and goes into the last stomach, where alone it is digested. Whatever food goes into the third stomach cannot return to be ruminated. When a calf sucks the dam, the milk passing slowly, goes through the canal into the third stomach, and from that to the fourth, which is the rennet. When it is weaned and drinks from the pail, it swallows the milk so fast that some of it is forced into the first stomach, from which it is returned as a cud in the usual way. In the plan of exclusive meal-feeding in the winter, which was practiced by a few dairymen some time ago, the cows did not chew the cud at all until fed coarse fodder again.

Value of the Dentaphone.—Mr. Edmund Tribel, superintendent of the Royal Asylum for the Deaf and Dumb in Berlin, has made a series of extensive and critical experiments with the dentaphone as an aid to hearing, with entirely negative results. He states (Archives of Otology, December, 1880), that where deaf-mutes are concerned, the dentaphone, in its present condition at least, cannot be put to any practical use, not even as a means of advancing articulation, and he believes that the instrument cannot give any noteworthy assistance to any one whose hearing is in the least defective. These results agree entirely with those obtained by competent observers in this country. —*Medical News and Abstract.*

THE Nature says that an electric cable manufacturing firm in Neuchatel have made a highly important discovery in practical telegraphy. After a long and expensive series of experiments, they have succeeded in devising a method of laying cables, whereby the induction of the electric current from one wire to another, although the wires are in juxtaposition, is prevented. This discovery, of which no details are yet given, removes, it is assured, the last obstacle in the way of the widest possible extension of facilities for telegraphic communication.

IF a person of fair complexion expose himself to the electric light for some time in examining the action of lamps, the hands and cheeks will show all the symptoms of "sunburn," even in midwinter, and he will develop freckles on his countenance as quickly as when he goes about unprotected by a sun-umbrella in midsummer.

SPECIMENS of fossil woods and lignite are reported to have been brought to the surface from the depth of 191 feet while boring an artesian well at Galveston, Texas.

A MEMBER of the French Academy of Science has discovered well marked sexual differences in eels.

PRACTICAL NOTES AND FORMULÆ.

Neuralgia and Rheumatism—

℞ Chloroform, tinct. aconite rad.....aa f. ʒij.
Morphia sulph..... gr. i.
Iodide potas..... ʒi. M.

Prick the skin with a fine needle over the seat of pain with twenty or thirty punctures, and rub in the foregoing mixture. Immediate relief is said to follow each application, and a cure effected in local cases in a short time.—*Independent Practitioner.*

The Salicylates in Serous Diarrhœa.—The following are Dr. Hutchins formulæ for salicylic acid in the serous diarrhœa of infants:

℞ Acidi salicylici..... gr. xxx.
Cretæ prep..... g. x.
Syrupi..... ʒ ij.
Aquæ..... ʒ xjv.

M. Sig. Two teaspoonfuls every two to four hours

℞ Acidi selicylici..... gr. xxvj.
Bismuthi teroxidi..... gr. xjv.
Tr. hyoscyami..... ʒ j.
Syrupi..... ʒ ij.
Aquæ..... ʒ xiij.

M. Sig. Two teaspoonfuls every two to four hours.

℞ Acidi salicylici..... gr. xxij.
Cretæ perperatæ..... gr. viij.
Misce et div in partes no..... vi. *cel* x.

Sig. One every two to four hours.

Summer Diarrhœa of Children—

℞ Bismuth subnitrate..... ʒ j.
Pepsinæ sach..... ʒ ss.
Zinci oxidi..... gr. vj.

M. Ft. pulv., No. xij. Sig. One powder every four to six hours.

Dr. Bartholow.

OR

℞ Plumbi acetat..... grs. viij.
Acid. acet..... gtts. vj.
Tinct. opii deod..... gtts. iv.
Aquæ distilat..... ʒ j.

M. Sig. A teaspoonful every two, three or four hours for a child two years of age.

Dr. Bartholow.

Summer Dysentery and Diarrhœa of Teething Children:

℞ Ipecacuanhæ..... grs. xij.
Bismuthi subcarb..... ℥ j.
Pepsinæ sach..... ʒ ss.

M. Ft. pulv., No. xij. Sig. One in milk every two hours.

Dr. Bartholow.

The above prescription is specially indicated in cases in which the stools are greenish, containing mucus and sometimes blood, and are voided with much pain and straining. And where, at the same time, the skin is harsh and dry, the tongue pasty or glazed, and there is great thirst, though no fever may be present.—*Medical Gazette.*

Impotency—Nocturnal Emissions.—Dr. Weaver, in Medical Brief, writes: I am charmed with the effects of celerina (Richardson, St. Louis) in nervous and sexual debility. It is simply the most efficient nerve tonic in the materia medica. I have treated several cases of impotency, that had sorely tried my patience, with complete success under the use of celerina, in teaspoonful doses, four times a day.

I can say from experience, that the following combination will give perfect satisfaction in the treatment of nocturnal emissions:

℞ Celerina..... 3 ounces.
Bromidia..... 1 ounce.

M. Sig.: One teaspoonful three times a day in water or syrup.

This will stop the emissions, strengthen the sexual organs, and build up the nervous system at the same time.

Iodide of Potassium in Typhoid Fever.—Writing in the Pacific *Medical and Surgical Journal*, for November, 1880, Dr. Oatman announces that iodide of potassium is "as much a specific in typhoid as quinine in intermittent fever." His exact plan is this:—

An adult with uncomplicated typhoid fever may take five grains of iodide of potassium every three hours, in a little sweetened water. Also every three hours one desertspoonful of the following recipe, viz:

℞ Ol. terebinth.
Tinct. anisi..... aa. f℥j.
Vitel. ovi..... No. ij.
Sacchari..... ℥ ij.
Aquæ puræ..... ad. ℥ ij.
Ft. emulsio.

M. Sig. This emulsion may be taken between the doses of the iodide.—*Medical and Surgical Reporter.*

Peppermint in Neuralgia and Rheumatism.—The Chinese apply peppermint locally over the seat of pain with a camel's hair pencil. It has afforded immediate relief also in gout and rheumatism, when thus applied.—*Ib.*

Constipation.—Dr. S. H. Price (Medical Brief) says the following combination has never failed to relieve constipation, in his experience, when the person is otherwise healthy: R. Extract cascara sagrada, fl., f. ℥j.; tr. nuc. vom., f. ʒij.; ext. belladonna, fl., f. ʒss.; glycerine, f. ℥j. M. Sig. Teaspoonful night and morning, as necessary.

Emulsions of Cod-Liver Oil, Compound and Simple.—Mr. C. L. Diehl, pharmacist, has kindly furnished us with the formula as requested:

Cod-liver oil	℥ iv.
Water	℥ iij.
Gum arabic	℥ ij.

(All by weight.)

Triturate the oil and gum together, then add the water and form an emulsion. Add to this—

Ess. peppermint	*m.* xl.
Oil of bitter almonds	gtt. ij.
Comp. tinct. cardamom	fl. ℥ j.
Syrup of orange	fl. ℥ iij,

if the "compound" emulsion is desired; or,

Oil of wintergreen	gtt. xvj.
Simple syrup	fl. ℥ j.
Water	fl. ℥ iij.

if the "simple" emulsion is desired.—*Louisville Med. News.*

Ergotine in Prolapsus Ani.—A boy five years of age came under my treatment, suffering from prolapsus ani of two years standing. The gut came out in the extent of two and a half inches after each passage. My treatment at first was of the routine kind—cold affusions, cauterization with nitrate of silver, tincture of iron, etc. The bowel persisted in coming down at every passage. As a last resort, I tried an ergotine suppository.

℞	Ergotine	gr. ij.
	But. cocoa	q. s.
	M. Ft. Suppos	no. j.

The effect of the remedy has been magical, as after the use of a few of the suppositories, there has been no return of the condition, and the case is cured.—*Country Practitioner.*

Cystitis—

℞	Acidi benzoici.	
	Sodæ biboras	aa. 10 grains.
	Inf. buchu	2 ounces.

M. Sig. This amount to be taken three or four times a day. This may almost be called specific in its influence in the earlier stages of cystitis, affording rapid and lasting relief.—*Medical Gazette.*

Amenorrhœa—

℞	Strychnia sulph	1 grain.
	Cinchonidia sulph	2 drachms.
	Ferrum per hydrogen	
	Assafœtida pulv	aa. 2 drachms.
	Ext. quassia	q. s.

M. Ft. pil. No. 60. Sig. One, four times daily.—*Medical Bulletin.*

Treatment of Diphtheria.—Dr. Nunn at American Medical Association, quoted Dr. Jacobi as saying: "The entrance of the diphtheritic poison into the system is not the same in all cases." . . "There are cases in which the origin of the disease is decidedly local." . . "There are others in which the poisoning of the blood through inhalation is the first step in the development of the disease." A powder used by Dr. J. B. Read is as follows:

℞ Sulphur sublim..... grs. xlviij.
Acid tannic..... grs. xij.
Acid salicylic..... gr. j.
Pulv. potass. chlorat..... grs. xij.

Precaution must be used in compounding this prescription. A little of this powder is put on the back of the tongue every hour or two, and a small piece of ice given afterwards. It will be seen that this prescription is a combination of antiseptics principally. In a case treated by Dr. Nunn, the following formula was used with good effect:

℞ Sulphur sublim..... grs. viij.
Acid boric..... grs. iv.
Acid benzoic..... gr. j.
Acid salicylic..... gr. j.
Acid tannic..... gr. j.
Acid tartaric..... grs. iv.
Sodii chlorid..... grs. iv.
Resorcin..... ga. j. *m.*

Dr. Nunn thinks that this formula will prove efficacious.

Dr. G. Vivian, of Alexandria, Minn., has used, in severe epidemics, alcohol as an inhalation, and has employed as much as a quart of alcohol a day. He has never seen any constitutional effects since.

Dr. J. McNeal, of Gettysburg, Pa., recommends the following:

℞ Potass. bromid..... ʒi.
Potass. chlorat..... ʒij.
Acid carbolic..... grs. xx.
Aquæ..... Oj.

M. Use in an inhaler.

Locally, chloroform ʒij, lin. saponis ʒj—ʒij.

Dr. F. E. Hitchcock, of Rockland, Maine, uses equal parts of sulphurous acid and water in an atomizer. The proportions can be varied, and the acid used as a gargle. Cold affusion externally.

Viburnum Opulus.—This remedy is one of our very best when the following symptoms are present: Hysterical condition from uterin, irritation, cramps in the extremities during pregnancy, dysmemorrhea of a spasmodic character, and painful, scanty menses.—*Medical Times.*

Venereal Warts.—By applying twice daily, equal parts of powdered alum (burnt) and tannin to those troublesome growths, they can be removed in three or four days.—*Canada Med. Record.*

EDITORIALS AND MISCELLANEOUS.

Lactopeptine is a very valuable remedy in cholera infantum and the diarrhœas of children, especially in any case dependent upon or connected with indigestion.

Lambert & Co. have kindly sent us samples of their preparation Listerine. The formula gives promise of excellent results from this article in the dressing of wounds, etc. It is likely to prove a great convenience to both surgeon and physician as a purifying and antiseptic article presented in a very convenient form.

DR. W. D. BIZZELL, formerly of the Mobile Medical College, has been elected to the chair of Chemistry in the Southrrn Medical College, in place of E. J. Hallock, resigned.

The officers elect of the Faculty for the year 1881 and '82 are as follows:

Prof. T. S. POWELL, President.
Prof. R. C. WORD, Vice-President.
Prof. W. P. NICOLSON, Dean.
MR. J. J. TOON, Treasurer.

The Annual Announcement for 1881 and 1882 is now ready.

BRILIANT RECEPTION.

The reception given by Drs. McCaw and McGuire, at the Westmoreland Club-house, to the members of the American Medical Association (says a Richmond paper), was an occasion which will long be remembered with pleasure by those in attendance—the number being in all about six hundred and fifty. From 9 o'clock until 12, the parlors of the admirably arranged building was thronged with an assemblage as brilliant as ever gathered together in Richmond on a similar occasion. Music and flowers added to the attractiveness of the scene. The full orchestra, under the *baton* of Prof. Reinhardt, rendering choice selections during the evening.

Among the distinguished physicians present were Dr. Brodie, of Detroit; Dr. Agnew, of Philadelphia; Dr. Percival, of Maryland, and Dr. Sayre, of New York.

The entertainment given by Dr. and Mrs. R. T. Coleman, to the visiting physicians, was a most brilliant affair, and will ever be kindly and pleasantly remembered. We regret the want of space to give full expression in regard to it, and to the many hospitalities so characteristic of Old Virginia, which were extended to the members of the Association.

"*FORGETFULNESS, CARELESSNESS, PROCRASTINATION.*"

"A hearty confession is good for the soul." A subscriber from North Carolina has relieved his conscience by remitting his dues after long indulgence on our part. He thus writes:

DR. R. C. WORD, Atlanta, Georgia:

Dear Sir—You will please be sure *not* to publish the receipt of this *in the Journal;* on the contrary, be *very private* about acknowledging it; and that you do it as much in the dark as possible, I enclose an envelope. I am ashamed of my long neglect of your claims upon me, which you may attribute to a commingling of forgetfulness, carelessness and procrastination. However, I send you money to pay for back dues. The RECORD, like wine, grows better as it gets older, and I congratulate you upon its high position in the medical world.

Yours truly, B. T. M.

This tardy confession of our friend restores him to our confidence and shows him to be a true man at heart; and yet this habit of procrastination and neglect, though repented of at last, does not wholly wipe out the injury and loss inflicted upon the journalist who is forced to meet the cash demands of the printer under serious perplexities and disadvantages. This course is not meant to rebuke the friend who now so nobly confesses, but to give a much needed hint to the many yet in arrears who continue to disregard our reminders of the fact. Yes, "*carelessness*, postponement, forgetfulness," are the breakers upon which so many good and noble literary enterprises in the South have been hopelessly wrecked. W.

ASSOCIATION OF MEDICAL EDITORS.

"This body of medical journalists, which meets during the session of the American Medical Association, held their annual meeting at the Exchange Hotel, Richmond. In the absence of the president, Dr. J. F. Shrady, Dr. J. A. Octerlony, of Kentucky, was called to the chair, Dr. D. S. Reynolds, of Kentucky, acting as secretary.

The president's address was read by Dr. Carpenter, and ordered to be printed.

The committee on Necrology (Drs. Dunster, Cole and Edwards) reported the demise during the past year of two members (Drs. Davis and Cowling). The committee was allowed time to complete the memoirs.

The committee appointed to suggest officers for the ensuing year, named the following, which were confirmed:

For President—Dr. Landon B. Edwards, of Richmond, Va.

Vice-President—Dr. Ralph Walsh, of Washington, D. C.

Secretary—Dr. D. S. Reynolds, of Kentucky.

After an interchange of views the Association adjourned to meet on the Monday evening preceding the next annual meeting of the American Medical Association."

That the Editors' Association is not duly appreciated, we have heretofore stated. We regard it, if properly conducted, as a highly important body. In another place we refer to the agency of journalism in the elevation of Medical Education. The members of the profession throughout the country, more than by any other agency, are

influenced by the journals they read, and a wholesome medical literature is of the utmost importance. The Association of Editors should look to the encouragement among themselves of a high moral and social brotherhood, free from envies and jealousies, and liberal in all the courtesies of journalism. Among the leading principles and objects upon which there should be the most perfect unanimity are the promotion of medical progress, the elevation of the standard of medical education, the encouragement of a high ethical standard, and the principles of truth, integrity and honor in the ranks of the profession.

AMERICAN MEDICAL ASSOCIATION.

In our last we sketched briefly the more important points in the proceedings of the American Medical Association. The hospitalities and courteseys of the occasion, we had not space to detail. Our Senior, Dr. T. S. Powell, who was present as a delegate from Georgia, and who is a Virginian by birth, enjoyed greatly what he is pleased to style the real Old Virginia hospitalities of the occasion.

He visited his old friends and relations in various sections of the State, spending many weeks. His gifts as a speaker are always called into requisition when he visits his native State. A subscriber to our Journal, writing from Brunswick, thus facetiously alludes to him:

"About the 24th I found your co-editor, Dr. Powell, in this county, and took him to Lawrenceville, where it being court week, he found many acquaintances. His reception by old friends, and also by many of the younger generation, anxious to shake hands with a *big man*, excelled anything I ever witnessed. Our Virginia people are very appreciative; and always delight to honor Virginia's sons who merit it."

He refers also to an address which Dr. P. made at Hicksford to a large audience. The Doctor also made an extempo address at a College Commencement in Brunswick, which was highly spoken of by the papers of the place for its ability and eloquence. That the Doctor had a fat time is evident, having returned home with an additional 20 pounds weight to his already Aldermanic proportions.

W.

MEDICAL COLLEGE ASSOCIATION.

At the *Medical College Association* in Richmond, on motion of Dr. Bodine, the regular order of business was suspended to enter upon the election of officers. Dr. Gross having stated that he would under no circumstances accept a re-election, Dr. Bodine, of Louisville, was elected president; Dr. Briggs, of Nashville, vice-president, and Dr. Leartes Conner, of Detroit, secretary and treasurer. The hour for the Association having now arrived, the College Association adjourned at 5½ P. M.

At this hour, no quorum being present, the Association was adjourned for the year, subject to the call of the president.

The failure of a quorum at the appointed hour is regarded by many as the death of the College Association. This is not necessarily the case. It may, however, be well regarded as indicative of a loss of confidence in the plan and methods pursued. That good has been accomplished we doubt not, and it is believed that the Colleges which

have at heart the elevation of Medical Education will not lapse into indifference or adopt any retrograde measures. And after all, it is scarcely to be expected that the Colleges alone, unsupported by the Journals and by the Profession, can accomplish the reformations so much desired. Years ago we took this ground and urged that the proper basis upon which to work was to secure, through the medical press, the interest and co-operation of preceptors and of the profession generally, that the work might slowly and permanently develop into wholesome and successful results. This we still believe is the plan which should be pursued, and to this end. let a warm and hearty co-operation between the Journalist, the Preceptor and the College Professor, be in every possible manner fostered and encouraged.

SPECIAL NOTICES.

PARKE, DAVIS & CO., Detroit, Mich., Manufacture the following New Remedies: Kooso, Guarana, Bæl Fruit. Buckeye Bark, Urtica Dioica, Soap Tree Bark, Sandal Wood, Pulsatilla, Sundew, Ustilago Maidis, Magnolia Flowers, Ailanthus Glandulosa, Five Flowered Gentian, Night-Blooming Cereus, Grindelia Compound, Xanthium Spinosum, Water Fennel Seed, Pomegranate Bark, Evening Primrose, Damiana, Bears-Foot, Broom Top, Couch Grass, Castor Leaves, Parseley Seed, Arbor Vitæ, Chiretta, Kamala. For a detailed description of the botanical history and medicinal application of each Drug, send stamp for their Descriptive Circular. They also furnish their Price List in detail. Any inquiry regarding these New Remedies will be promptly answered.

Coca Beef Tonic.—This preparation is an excellent tonic in low anæmic conditions—especially useful as stimulus to those who are coming out from the Opium habit.

Anti Hemorrhagic.—The Fluid Extract of Witch Hazel as prepared by Leibig Laboratory and Chemical Works Company, New York, (J. L. Berg & Co., Agents, New York), is an excellent remedy for many diseased conditions—especially for hæmoptisis and other forms of hemorrhage.

CELERINA IN MENTAL DEPRESSION AND THE OPIUM HABIT, ETC.

Dr. Zeller, of Ill., says: "I have used Celerina in two cases of mental depression caused by sexual exhaustion, and have found the results *very satisfactory*. I can give the *same favorable report* in two cases of the 'opium habit.'" Celerina is a nerve tonic of great power and varied application—useful in hysteria, chorea, etc. "I have used Celerina," says Dr. Reed, of Ill., "in a case of general debility, caused by sexual excess, and the patient has greatly improved under its use."

The House of **Wm. R. WARNER & Co.**, of Philadelphia, has been long and favorably known to the Profession in the United States, and indeed have attained to a world-wide reputation. Their SUGAR-COATED PILLS have taken six grand world's fair medals. Their CHEMICALS are all of the finest and purest character, and their PARVULES are the admiration of the Profession throughout the Union. Their beauty and neatness of preparation adapt them to the most fastidious stomach, and the minute division as to quantity, makes it convenient to the practitioner in grading the dose to any required age or condition of the patient.

More of **ELLIOTT'S** SADDLE BAGS are sold than all other patterns combined. One thousand have been shipped to different parts of the country since January 1st. The proprietor invites a thorough investigation and comparison of every Bag in the market. The U. S. Government did this in 1879, and adopted the ELLIOTT. Doctors that do the same thing get the standard article. Send for circular to A. A. MELLIER, 709 Washington Avenue, St. Louis, Mo.

BEDFORD ALUM AND IRON SPRINGS.—The advertisement of these Springs may be seen in another part of this Journal, and should be carefully read. The Editors have tested its virtues. It is an excellent remedy in hæmoptisis, or as an anti hemorrhagic in any case, especially of a passive character. As an injection in gleet, gonorrhœa, leucorrhœa, etc., it is highly useful. As a gargle in ulcerated sore throat it is very efficacious. In chronic diarrhœa it is often useful, and given in small doses, in the night sweats of phthisis it has been found an excellent remedy.

ROUTE TO BUFFALO LITHIA SPRINGS.

All persons traveling either from the North, by public conveyance, to reach these Springs, must of necessity pass over a portion of the Richmond and Danville Railroad. Passengers for the Springs leave the cars of this road at the Scottsburg Depot, in the county of Halifax, 12 miles distant from the Springs. Passengers are taken promptly from all trains.

RATES OF BOARD:

Per Day, $2 50; per Week, $14 00; per Month of 28 days, $42 00. Childrenunder 10 years of age, and colored servants, half rates.